

CHANGE OF ADDRESS

All address changes must be submitted in writing with **your signature** to:

Margaret Blood, REHS
Department of Health Services
EHS Registration Program
PO Box 997413, MS 7404
Sacramento, California 95899-7413
OR
Fax to (916) 449-5665

Be sure to include not only your new address and home phone number but also your new job title, place of employment, and work phone number. Do not neglect this important task. Your registration may be jeopardized if the EHS Registration Program is not able to contact you with important notices.

1. Name – Last		First	Middle	<input type="checkbox"/> Male <input type="checkbox"/> Female
address				
3. City			4. State	
6. Zip Code.	7. telephone-work		8. telephone-home	
9. Birthdate: FOR ID Purposes Only	10. Job Title			
11. Employer				
OPTIONAL EH Director/Employee When? Where?		Master's/Doctoral Degree		Updated (program use)

signature